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11/04/2003

KENYON & KENYON  
ONE BROADWAY  
NEW YORK, NY 10004



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<i>Catherine Kenyon</i>	(Depositor's name)
<i>Catherine Kenyon</i>	(Signature)
2/3/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/466,400	12/17/1999	MICHAEL FRIEDOW	10191/1172	1125

TITLE OF INVENTION: CONTACT ELEMENT FOR AXIAL CONTACTING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	02/04/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
LEON, EDWIN A	2833	439-675000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Kenyon & Kenyon

2. \_\_\_\_\_

3. \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Robert Bosch GmbH

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Stuttgart, Federal Rep. of Germany

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies \_\_\_\_\_

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☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by \_\_\_\_\_ to charge the required fee(s), or credit any overpayment Deposit Account Number 11-0600 (enclose an extra copy of this form).

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(Authorized Signature)

Richard L. Mayer, Reg. No. 22,490

(Date)

2/3/04

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